

Asbestos Course Notification Form AAC-5



Louisiana Department of Environmental Quality
OES, Public Participation and Permit Services Division
Notifications and Accreditations Section
P.O. Box 4313, Baton Rouge, LA 70821-4313
Phone (225) 219-3300 Fax (225) 325-8282

DEQ Use Only	
AI no.	Date

Please note that the Department must receive all notifications 5 days before all courses and 3 days for Louisiana Regulations courses. Also, the Department must be notified of any changes or cancellations for the above course before the course is scheduled to begin. Please fill out sections I through VIII for initial course notification. For amendments, please fill out sections I through IX.

Agency Interest Number: _____

I. Training Provider Information: (Please complete)

Company Name:	Phone Number:
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II. Course Discipline Taught: (Check appropriate box):

- | | | |
|---|--|---|
| <input type="checkbox"/> Worker | <input type="checkbox"/> Contractor/Supervisor | <input type="checkbox"/> Inspector |
| <input type="checkbox"/> Management Planner | <input type="checkbox"/> Project Designer | <input type="checkbox"/> Louisiana Regulations (only) |

III. Type of Class: ☐ Initial ☐ Refresher

IV. Date(s) of Course: Start Date: _____ End Date: _____

V. Time of Class: Start Time: _____ End Time: _____

VI. Language: ☐ English ☐ Spanish ☐ Other (specify) _____ (Applies only to Worker)

VII. Class Location:

Physical Address (Include Room and Bldg No): _____
City: _____ State: _____

If the Instructor plans to take the class to a temporary alternate site, please include the information below:

Date: _____ Location: _____ Time: _____
Date: _____ Location: _____ Time: _____

VIII. Name of Instructor(s): Please Print - *Must list two DEQ asbestos accredited instructors for all initial courses.

1. _____ DEQ Trainer # _____ Exp. Date: _____

2. _____ DEQ Trainer # _____ Exp. Date: _____

IX. Amendments: Please complete the following if amending a class:

Type of Change: ☐ Date ☐ Instructor
☐ Time ☐ Cancellation of Course
☐ Location ☐ Other (please specify) _____

From _____ To _____
From _____ To _____
From _____ To _____